



Delaware Electric Cooperative, Inc
P.O. Box 600
Greenwood, Delaware 19950

Photovoltaic Renewable Resource Fund Grant Application

___ Residential ___ Non-Residential

Member-Owner: _____ Account No. _____

Phone Number (H): _____ - _____ **(W):** _____ - _____ **Email Address:** _____

Installation Address: _____

City: _____ **Zip:** _____

Mailing Address (if different than above): _____

City: _____ **Zip:** _____

Contractor/Installer: _____

Contractor License Number: _____

Phone Number: _____ - _____ **Fax:** _____ - _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

System Characteristics

New Construction _____ Existing Home/Business _____ Replacement _____

System Type: Utility Interconnected _____ Utility Interconnected with Battery Backup _____

Stand-Alone _____ Stand-Alone with Battery Backup _____

PV Array Location: Rooftop _____ Pole or Ground Mount _____ Tracking _____

Array Orientation: _____ degrees **Array Tilt/Slope:** _____ degrees

Module Manufacturer: _____ **Module Model:** _____

Module Power Rating: _____ DC Watts (At STC Condition) **Number Modules:** _____

Total Array Output: _____ DC Watts (No. of Modules x Power Rating)

Inverter Manufacturer: _____ **Inverter Model No.** _____

Inverter AC Rating: _____ AC Watts **Inverter Peak Efficiency:** _____

Inverter Location: _____

System Rated Output: _____ AC Watts (Total Array Output x Inverter Peak Efficiency)

Estimated Annual Electricity Production: _____ kWh per Year

System Costs

Material:\$ _____ Labor:\$ _____
Permits/Fees:\$ _____ Engineering/Design:\$ _____
Other:\$ _____ TOTAL Cost:\$ _____

***Attach Copy of Project Estimate, Purchase Order or Letter of Intent**

Grant Calculation

1. Total System Costs.....\$ _____
2. Ineligible Costs.....(\$ _____)
3. Other Incentives (source _____).....(\$ _____)
4. Sum of Reductions (add line 2 and 3).....\$ _____
5. Total Costs (line 1 minus line 4).....\$ _____
6. Rebate Multiplier..... x 33.33%
7. Amount of Grant Requested.....\$ _____

Declaration

I understand and agree that: 1) the information provided in this form is true and correct to the best of my knowledge, 2) the site of installation is located in the DEC service territory, 3) the State of Delaware and its agents provide no warranty for system components, installation, performance, or operation, 4) DEC and its agents provide no warranty for system components, installation, performance, or operation, 5) all warranties are provided by manufacturer's and installing contractor, and 6) the purchaser has received a copy of this form.

Member-Owner

Signature: _____
Date: _____

Installation Contractor

Signature: _____
Date: _____

For Energy Office & DEC Only

Date Reviewed: _____ Reviewer: _____ Grant Reservation Number: _____
Approved – Date Confirmation & Claim Form Sent: _____ Ineligible - Date Letter Sent: _____ Incomplete: _____
Inspection – Date Inspector: _____ Disbursement of Grant Date: _____ Grant Amount:\$ _____

Mail or Fax this Application to:

Scott V. Lynch, Green Energy Program Planner
Delaware Energy Office
1203 College Park Drive, Suite 101
Dover, Delaware 19904
Tel: 302-735-3480; Fax: 302-739-1840